Massachusetts Department of Public Health
FACT SHEET

Emergency Management and Public Health

How Are Emergencies Handled in the Commonwealth of Massachusetts?

The Massachusetts Emergency Management Agency (MEMA) coordinates federal, state, local, and private resources throughout the Commonwealth during times of disaster and other types of emergencies. With headquarters in Framingham and four regional offices, MEMA helps develop response plans for all types of hazards, trains emergency personnel, and assists communities in responding to and recovering from emergencies. MEMA maintains and operates the State Emergency Operations Center (SEOC) which monitors for emergencies statewide 24 hours a day, 7 days a week.

The SEOC serves as the command and control center for the Commonwealth during an emergency. Fully activated, the SEOC is staffed according to 16 Emergency Support Functions (ESF). The many federal, state, local, volunteer, public and private organizations that comprise the ESFs are part of the Massachusetts Emergency Management Team (MEMT). The MEMT is coordinated through and trained by MEMA. The Department of Public Health heads ESF 8 (see below).

Activation of the SEOC 1) enhances the Commonwealth's communication capacity between and among its various agencies, 2) facilitates communication with other states, the federal government, and local public and private entities across the Commonwealth, and 3) enables the capacity to deploy assets, support operations to ESFs, and ensure timely and appropriate response to the emergency. The 16 ESFs represented in a full activation include:

ESF 1 Transportation	
ESF 2 Communications	ESF 10 Hazardous Materials &
ESF 3 Public Works and Engineering	Environmental
ESF 4 Firefighting	ESF 11 Food and Water
ESF 5 Information and Planning	ESF 12 Energy
ESF 6 Mass Care	ESF 13 Military Support
ESF 7 Resource Support	ESF 14 Public Information
ESF 8 Health and Medical	ESF 15 Volunteers
ESF 9 Search and Rescue	ESF 16 Law Enforcement

The Massachusetts Department of Public Health (DPH) is responsible for maintaining the ESF 8 Health and Medical Services Plan and staffing the ESF 8 desk at the EOC. Typically, two or three senior DPH staff are assigned to the SEOC. ESF 8 staff are responsible for working with partner agencies (such as the Department of Mental Health, the Medical Examiner's Office, and Disaster Medical Assistance Teams) to coordinate the provision of field services including:

- Assessment of health and medical needs
- Provision of emergency medical services

- Environmental and communicable disease control/epidemiology
- Toxicological assessment
- Provision of health care/medical personnel, equipment, and supplies
- Patient evacuation
- Hospital care coordination
- Food and drug safety
- Radiological, chemical, and biological hazards
- Mental health and crisis counseling
- Public health information
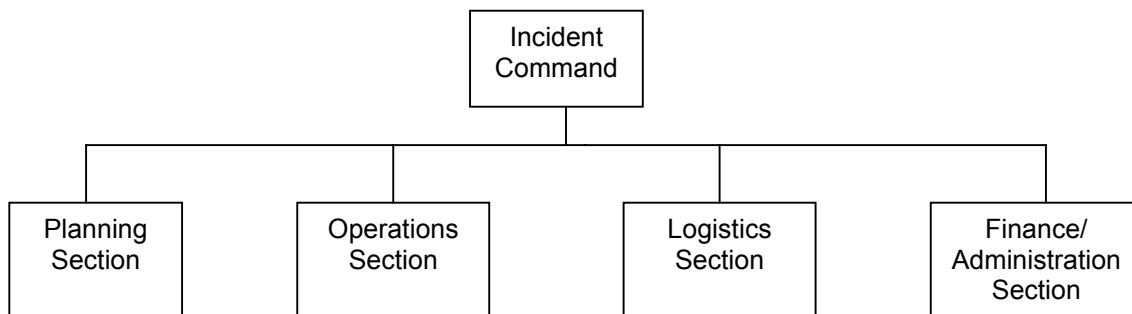- Victim identification and mortuary services

The regional office of the U.S. Public Health Service, located in Boston, may also be represented at the SEOC should federal resources be required. The ESF 8 desk fields health and medical-related calls during the SEOC activation, and also maintains emergency call lists.

How are Incidents Managed On-Scene?

Most emergency incidents – whether a chemical spill, explosion, house fire, or utility outage, or disasters such as tornadoes, earthquakes, or terrorist events – require a response from a variety of agencies. Regardless of the size of the incident or the number of agencies involved in the response, all incidents require a coordinated effort to ensure an effective response and the efficient use of resources.

The management structure used most often in on-scene emergency response is the *Incident Command System* (ICS)*. The ICS is an organized approach to managing emergency situations that was first developed in the 1970s in response to a series of major wildfires in Southern California. Over the years, its principles have been applied to many situations including HazMat incidents, planned events (such as parades, concerts, official visits, etc.), mass casualty incidents, air, rail, water, and ground transportation incidents, and search and rescue missions. Today, federal law requires the use of ICS for response to HazMat incidents; most fire service, law enforcement and EMS officials are trained in the use of ICS.

The five major components of the ICS are: incident command, planning, operations, logistics, and finance/administration. All incidents have a designated incident commander who is in charge at the scene.

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   │  Section   │ │  Section   │ │  Section   │ │Administration│
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The *Incident Commander* is usually the highest-ranking first responder (e.g., police, fire, etc.). His/her major responsibilities are to establish the command, protect life and property, control personnel and equipment resources, maintain accountability for responder and public safety, and act as a liaison to outside agencies. As incidents develop, the incident commander may delegate some of these functions to other command staff positions such as an information officer, safety officer, or liaison officer.

The *Planning Section* is responsible for documenting the status of resources and developing the Incident Action Plan (which defines response activities and resource utilization). The *Operations Section* is responsible for carrying out the response activities defined in the Incident Action Plan. The *Logistics Section* provides the facilities, services, materials, and personnel needed to operate equipment. The *Finance/Administration Section* is responsible for tracking incident costs and reimbursement accounting.

No single agency or department can handle an emergency situation alone. Response agencies commonly utilized in an emergency are fire services, law enforcement, emergency management, public health (including EMS), public works, and relief organizations such as the American Red Cross. All personnel and resources involved in a response effort are assigned to one of the five functions (Planning, Operations, Logistics, or Finance/Administration).

When the magnitude of a crisis exceeds the capabilities and resources of the local incident commander or when the efforts of multiple jurisdictions are required in order to resolve a crisis situation, the ICS command function evolves into a *Unified Command* (UC). Under UC, a multi-agency command post is established, incorporating officials from agencies with jurisdictional responsibility at the incident scene. Multiple agency resources and personnel are then integrated into the ICS as the single overall response management structure at the incident scene.

How Does Public Health Fit into the Incident Command System?

Various sectors of the public health community, in particular EMS, historically have played a role in the ICS. Local health departments and hospitals are encouraged to have a working knowledge of ICS and UC for the following reasons.

- Increasingly, first responders are asking hospitals and health departments to provide on-scene technical assistance; in a chemical or bioterrorism threat situation, health and medical professionals will be expected to play a major role in first response.

- In emergency situations, public health has its own ESF 8 authority in an incident command structure; public health personnel and resources may be assigned to planning, logistics, operations, or administrative functions, and become part of a Unified Command.

- Certain public health functions are key components of an ICS; EMS may play a role in the Operations Section, while hospitals that are helping to provide patient beds may be a component of the Logistics Section.

- The standards of the Joint Commission on the Accreditation of Healthcare Organizations (EC.1.4 and EC.2.4) require accredited healthcare organizations to identify a community command structure and define an all-hazard command structure within their organization that links to the community structure.

- Whether on-scene or not, health officials should be aware of the ICS management structure because it is the vehicle by which public health and health care issues are tracked and managed during an emergency incident.

General emergency preparedness information can be obtained by visiting the MEMA website at http://www.state.ma.us/mema/. Public health emergency preparedness information is available at http://www.state.ma.us/dph/.

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* Adapted from FEMA's Basic Incident Command System Independent Study Course available at www.fema.gov/emi/is195lst.htm.